a rubber sheet is tied around it. The tube is lubricated with olive oil, and passed rapidly through the pharynx and œsophagus into the stomach; from eight to ten inches of tube will thus be swallowed. Gas and food are permitted to escape, four to six ounces of water poured in, and the water, food, and mucus siphoned out. After the water comes away clear, the tube is removed. In chronic cases, or when there is much prostration, it is an excellent plan to leave in the stomach an ounce of fresh, hot water. together with a dram of a good liquid beef preparation. The lavage should be performed two and one-half to three hours after feeding and no food should be given for an hour afterward, the child during that time lying on its back. Two cases are reported in detail.

The Economic Production and Distribution of Clean Milk.—J. Roby (*Jour. Amer. Med. Assoc.*, 1906, xlvi, 1430) demonstrates how remarkably clean milk can be produced without an expensive plant, citing the case of a farmer with but a cheap outfit. He counts up the steps necessary to produce such a milk, and lastly describes a scheme to improve the entire milk supply of large cities. The rules to produce clean milk are as follows: (1) It must be protected from infection by scarlet fever, diphtheria and typhoid by removing the patient from the farm; (2) it must be cooled at once and kept cold, or at least below 50°; (3) the utensils must be kept clean, or better still, sterile; (4) milking should be done through a sterile cheese-cloth into a pail with a small (five inch) opening; (5) the pail must be kept tightly covered. These five points are absolutely necessary to produce milk containing a low number of bacteria; if the rest of the points are obeyed, a milk containing probably no more than 1000 bacteria to the c.cm. will be produced. (6) Discard the first draw from each teat; (7) keep the cow absolutely clean; (8) keep the milker's hands and clothes clean; (9) keep the ceiling free from dust; preferably it should be lathed and plastered; (10) keep the barn clean and use shavings for bedding instead of straw; (11) dust should not be stirred just before or at time of milking. The scheme for improving the milk supply is, that the city have a can sterilizing plant. The cans must first be washed, the cheese-cloth put over them, then the metal cover, and lastly, a canvas cover with a purse-string to keep it free from dust. The cans are sterilized by dry heat, shipped back to the farmer, who milks directly through the cheese-cloth. He removes the cheese-cloth, replaces the cover and sinks the can into ice-water up to its neck. Then the whole outfit is returned to the city to be bottled or delivered directly. Milk thus handled is said by the author to contain less than 500 bacteria to the c.cm.

OBSTETRICS.

UNDER THE CHARGE OF

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Anesthesia during Labor by Scopolamine-morphine Injection.—Gauss (*Archiv. f. Gyn.*, 1906, Band lxxviii, Heft 3) reports the results following the injection of scopolamine-morphine in 500 cases of labor at the Clinic in Freiburg. These patients illustrated the various complications of labor, and among them the different obstetric operations were performed. The preparation employed was Merck's and the result of the injections so far as labor was concerned was satisfactory. Patients differed in the cerebral symptoms produced by these injections in accordance with the susceptibility of the nervous system. So far as the performance of obstetrical operations was concerned, in a few cases the use of forceps, suture of the perineum, and in one case hebotomy, were done without other anesthesia. In most cases, however, additional anesthesia was required. The patient's injection did not seem to be an unfavorable element in the use of another anesthetic. A solution of 0.03 per cent. of scopolamine and 1 per cent. of morphine in sterile distilled water was that most usually employed. In quantity a dose of 0.00045 to 0.0006 hydrobromate of scopolamine with 0.01 morphine was employed. If this failed to produce a result a second injection of 0.00015 to 0.0003 scopolamine was given without morphine. If in from two to four hours no result followed, then 0.005 morphine was added. The time required to produce an effect varied from one-half hour to fifty-seven hours. The majority of cases, however, experienced marked relief within two to six hours after the injection. The longest time through which the effect endured was forty-eight hours, during which a patient was treated in this manner. The results of this treatment are analyzed in detail, as regards the mother's general condition, labor pains, abdominal pressure, length of labor, necessity for operation, and the effect upon the child. It was impossible to trace injurious effects, in any of these particulars, to the injection. The conclusion is reached that the use of this material is without injurious effect, does not interfere with other anesthesia if necessary, and that it causes great comfort to the patient in labor. It seems contraindicated when labor pains are extraordinarily weak, when a patient is already depressed by hemorrhage or by infection, although in eclampsia its use seemed to be indicated. So far as could be observed no unfavorable results of any sort followed its employment.

Puerperal Lumbar Neuritis.—Hauch (*Zeit. f. Geb. u. Gyn.*, Band lvii, H. 2, 1906) contributes a paper upon this subject, reviewing the literature and reporting cases of his own. In the Maternity Wards at Copenhagen in 680 parturient patients, neuritis was found in 32 (or 4.7 per cent.). The symptoms were pain on pressure over the nerves, paresis, pain in the nerves, hyperesthesia of the skin, and in some cases, increase of the patellar reflex. The nerves affected were mostly the crural and sometimes other nerves of the lower extremities. As typical of the condition, he describes the case of an unmarried primipara, somewhat anemic, who had suffered from prolonged nausea during pregnancy. She had also albuminuria. Labor was spontaneous; the child living, but the mother's recovery was complicated by great sensitiveness on pressure in the crural and saphenous nerves, with great pain on moving the lower extremities, hyperesthesia of the skin, and increased patellar reflex. The electric reaction was unchanged. The patient made a spontaneous recovery with no other treatment than rest in bed and good food. The author tabulates his thirty-two cases, describing the symptoms, course of labor, and giving other details. Sensibility to heat and cold was unchanged in all cases. Reaction to